## WALLABLE COPY A MAILABLE COPY A MAILAB

49 an or Docket Number

Effective October 1, 2000

			SMALL ENTITY				OTHER THAN						
TO	TAL CLAIMS	·	(Column 1)		(Colu	(Column 2)		TYPE			OR	SMALL ENTITY	
TOTAL CLAIMS			22					RATE	FEE			RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355	.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			→ minus 20=		· 2			X\$ 9=			OR	X\$18=	367
INDEPENDENT CLAIMS			H minus 3 =		)			X40=			OR	X80=	805
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	1		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							. !	TOTAL	H	$t^{-}$	OR	TOTAL	726
	С			<u>-</u>		] •	OTHER						
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTI	ΤΥ	OR	SMALL	
AMENDMENT A	,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADI TION FE	NAL		RATE	ADDI- TIONAL FEE
	Total	. 25	Minus	2	2	=/_		X\$ 9=			OR	. X\$18=	
	Independent + M FIRST PRESENTATION OF MULT		Minus *** 4		<u> </u>	=		X40=			OR	X80=	
L	rino i Prizo	INTATION OF M	ULTIPLE DE	PENDENT	CLAIM		<b>ا</b> ا	+135=			OR	+270=	
								TOTAL ADDIT. FEE			OR	TOTAL ADDIT, FEE	
(		(Column 1)		(Colur	nn 2)	(Column 3)	,	ADDIT. I EL I			• .	ADDII. FEE	<u> </u>
AMENDMENT B		CLAIMS REMAINING AFTER		HIGH NUM PREVIO	BER	PRESENT EXTRA		RATE	ADI TION			RATE	ADDI- TIONAL
	Total	AMENDMENT	Minus	PAID	FOR		╽┟		FE	E_			FEE
	Independent	. /	Minus	· id	<u> </u>	=		X\$ 9=			OR	X\$18=	
₹		NTATION OF MI	JLTIPLE DEPENDENT		CLAIM		l	X40=		-	OR	X80=	
			JEHN EE DE	LITOLITI		<u> </u>	' [	+135=			OR	+270=	
							L	TOTAL ADDIT. FEE			OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADD TION FEE	AL		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=		$\dashv$	•	X80=	-
Ĺ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		-	740=		$\dashv$	OR	∧6U=	<del></del>
* If the entry in column 1 is less than the entry in column 0 units 60% in column 0												+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	t the "Highest Nut The "Highest Num	mber Previously Pa ber Previously Pai	aid For" IN THI: d For" (Total or	S SPACE is Independe	less thar nt) is the	n 3, enter "3." highest number			ropriate	e box		_	
						NDV.							
FORM	PTO-875	DEOL	AVAIL	HDLE	CC	PY	Pater	nt and Tradem	ark Offic	e, U.S	S. DEPA	RTMENT OF	COMMERCE